Recovery from chemsex can be a challenging but achievable process. Here's a guide to help you navigate your recovery journey:

1. **Acknowledge and Accept:**
    * Recognize that you have a problem with chemsex and acknowledge the impact it has had on your life.
    * Accept that recovery is a process, not an event, and there will be ups and downs along the way.

2. **Seek Professional Help:**
    * Consult with a healthcare professional or addiction specialist who can provide guidance and support tailored to your specific

needs.
* Consider therapy or counseling to address underlying issues that may contribute to chemsex use.

3. **Build a Support System:**
* Connect with trusted friends, family members, or support groups who can offer encouragement and understanding.
* Avoid individuals or situations that trigger your desire to engage in chemsex.

4. **Develop Coping Mechanisms:**
* Identify healthy ways to manage stress, boredom, or other triggers that lead to chemsex use.
* Explore activities such as exercise, meditation, creative pursuits, or spending time in nature.

5. **Set Realistic Goals:**
   * Break down your recovery journey into smaller, manageable steps.
   * Celebrate milestones and acknowledge progress, no matter how small.

6. **Practice Self-Care:**
   * Prioritize your physical and mental well-being by getting enough sleep, eating nutritious foods, and engaging in activities you enjoy.
   * Be patient with yourself and avoid self-criticism during the recovery process.

7. **Address Underlying Issues:**
   * Explore any underlying issues such as trauma, depression, or anxiety that may be contributing to chemsex use.

* Seek professional help to address these issues and develop healthy coping strategies.

8. **Avoid Triggers:**
* Identify situations, people, or places that trigger your desire to engage in chemsex and avoid them as much as possible.
* Develop alternative activities or plans for when you encounter triggers.

9. **Stay Connected:**
* Maintain connections with supportive friends, family members, or support groups who can offer encouragement and understanding.
* Avoid isolating yourself, as this can increase the risk of relapse.

10. **Be Patient and Persistent:**

* Recovery is a process that takes time and effort. Be patient with yourself and don't get discouraged by setbacks.
* Stay persistent in your efforts to achieve long-term recovery.

Remember, seeking professional help is not a sign of weakness but rather a demonstration of strength and commitment to your well-being. With the right support and resources, you can overcome chemsex addiction and live a fulfilling life.

The Polydrug Recovery Guide.

Using the Recovery Kernel Framework

Crystal Methamphetamine · GHB / GBL · Mephedrone (4-MMC) · Cathinones · MDMA · Cocaine · Slamming.

⚠ HARM REDUCTION RESOURCE — NOT MEDICAL ADVICE | Crisis: call 000 or text 13 11 14.

THIS GUIDE ADDRESSES THE SPECIFIC BIOLOGY OF MULTIPLE SIMULTANEOUS SUBSTANCE DEPENDENCIES.

Each substance used in chemsex requires its own individual recovery process, which should be followed concurrently. This guide helps to coordinate these processes.

A Note Before You Begin

This is the most complex guide in the Recovery Kernel's Substance-Specific Navigation Series. It is complex not because any single substance in the chemsex pattern is more complicated than the others individually — the meth guide, the GHB guide, and the cocaine guide each address their subject in full — but because chemsex presents a recovery challenge that is fundamentally different in character from single-substance addiction.

Chemsex is not three addictions. It is one addiction expressed through three simultaneous pharmacological mechanisms, organized around a specific context (sexual experience), embedded in a specific community (primarily though not exclusively gay, bisexual, and men who have sex with men communities), and involving health consequences that extend beyond neurobiology to encompass HIV transmission, sexually transmitted infections, and a pattern of sexual behavior that the substances were specifically used to enable.

The compendium explicitly names the chemsex trinity: Crystal Meth, GHB/GBL, Mephedrone. It identifies them as operating as 'a Denial of Service (DoS) attack on the user's judgment centers.' It names the specific pharmacogenomic vulnerabilities that make certain people particularly susceptible. And it contains an entire specialist protocol series — Protocol 35S and its sub-protocols — specifically for this population.

This guide integrates the individual substance recovery tracks from elsewhere in this series with the additional dimensions that chemsex recovery requires: the sexual health framework, the HIV and STI medical priorities, the chemical intimacy trap and the flatline, sober sexuality, and the community architecture that replaces the chemsex scene without requiring the abandonment of the person's sexual identity and community.

La recuperación de la química sexual no es la recuperación de tres drogas separadas. Es la recuperación de un ser completo: sexual, social, biológico y relacional, desde un patrón que consumió los cuatro simultáneamente.

Okay, I understand. I will only output the translated text according to your instructions.

Section 0 — Immediate Safety: Read This First

Medical Emergencies by Substance.

⚠ THE CHEMSEX COMBINATION IS MORE DANGEROUS THAN ANY INDIVIDUAL SUBSTANCE. GHB + METH = COMBINED CARDIAC AND RESPIRATORY RISK. GHB + ALCOHOL = 'HARD FAIL' COMBINATION THAT CAN BE FATAL. NEVER COMBINE GHB WITH ALCOHOL OR OTHER DEPRESSANTS.

Tipo de emergencia.	Signs and symptoms.	Response
GHB overdose (the most common immediate risk).	Nerespondo a voz ou dor, respiração lenta ou ausente, lábios ou unhas azulados, vômito enquanto inconsciente, convulsão.	Call 000 immediately. No antidote exists. Place the person in the recovery position. Stay with them until paramedics arrive. Do not leave them unattended. Naloxone does NOT work on GHB.
Meth-induced cardiac event.	Pain in the chest, an irregular heartbeat, shortness of breath, a sudden, severe headache, pain in the left arm, jaw pain, drooping on one side of the face, and weakness in one arm.	Call 000 immediately. Lie down. Do not exert yourself. This is a heart attack or stroke. Every minute without medical treatment increases the risk of damage.
Meth psychosis.	Creed in things that aren't real (paranoia), seeing or hearing things that aren't there (hallucinations), agitation or violence, inability to recognise reality.	Call 000 if there is danger to the person or others. Move to a quiet, low-stimulation environment. Speak calmly. Do not argue with the content of the delusions. Medical evaluation is required — psychosis can persist for days to weeks after the last methamphetamine use.
Mefedron/ katinon aşırı dozları	Pain in the chest, high blood pressure, high body temperature, seizures, extreme restlessness, psychosis.	Call 000. Cool the person (remove excess clothing, create a cooler environment). Do not restrain if possible. Medical evaluation is required – cardiac events related to cathinone use have been documented.
Emergencia por sobredosis de drogas	Abscess or severe redness at the injection site, fever with rigors (shaking chills), chest pain with	Call 000 for fever accompanied by chills or chest pain accompanied by fever. These may indicate

inyectables (intravenosas).	fever (possible endocarditis), difficulty breathing.	sepsis or endocarditis – life-threatening conditions that require intravenous antibiotics. Do not "wait and see" if you experience these symptoms.
Sexual assault during chemsex.	Chemsex contexts frequently involve drug-facilitated sexual assault — the substances that were consented to are used to enable sexual activity that was not consented to.	You have the right to medical care, PEP (if within 72 hours), and support regardless of the context. RAINN National Sexual Assault Hotline: 1-800-656-4673. The emergency department will provide a forensic examination and PEP if desired.

HIV and STI Emergency Response.

THE CENTURION — The 72-Hour Window That Saves Lives.

The compendium's Protocol 42 frames PEP as the 'Emergency Rollback' — the System Restore Point that must be initiated within 72 hours of a potential HIV exposure. If you have had sex without condoms during chemsex and there is any possibility of HIV exposure — do not wait to find out. Start PEP now.

Intervention.	What it does.	Time window and access
PEP (Post-Exposure Prophylaxis)	28-day course of antiretroviral medications that prevents HIV from establishing an infection after potential exposure. Efficacy decreases with time and drops to zero after 72 hours.	Must start within 72 hours — the sooner, the more effective. Available at any emergency department, sexual health clinic, or HIV specialist. Ask explicitly: "I need PEP for potential HIV exposure."
PrEP (Pre-Exposure Prophylaxis)	Daily medication (Truvada/Descovy) or a long-acting injection (Apretude) that reduces the risk of HIV transmission by over 99% when taken as prescribed. The compendium refers to this as 'the Pre-Execution Firewall.'	Before your next chemsex encounter: Available through GPs, sexual health clinics, and HIV services. If you are not already taking PrEP and you engage in chemsex, start PrEP today, before your next session.
STI testing and treatment.	Gonorrhoea, chlamydia, syphilis, herpes, HPV, hepatitis A and B are all transmitted in chemsex contexts. Many are asymptomatic. Regular testing is the only way to know.	Minimum every 3 months for individuals who engage in chemsex. Get tested at every sexual health check-up, even if you have no symptoms. Seek treatment immediately if an STI is detected—the presence of STIs significantly increases the

		risk of HIV transmission.
U=U (Undetectable = Untransmittable)	En personne séropositive avec une charge virale supprimée (inférieure à 200 copies/mL), il est impossible de transmettre le VIH par voie sexuelle. Ce n'est pas une stratégie de réduction des risques, mais un fait biologique établi par les études PARTNER et PARTNER2.	If you or your partner is HIV-positive: the only relevant question is whether treatment is being followed consistently and the viral load is suppressed. An undetectable viral load makes HIV transmission impossible in sexual contexts.

Naloxone — Have it on hand during GHB sessions.

Naloxone (Narcan) does not reverse GHB overdose. However, if opioids are also present in the chemsex context — which increasingly occurs as fentanyl-adulterated supply reaches all drug categories — naloxone can save lives. Carry it regardless. The chemsex environment is one where multiple substances are often present, including substances the person may not know they have taken.

Available without a prescription at most US pharmacies. Never Use Alone hotline: 1-800-484-3731.

Section 1 — What Chemsex Did to Your Brain, Body, and Sexuality.

THE CENTURION — The Trinity wasn't three drugs. It was one architecture.

The "chemsex trinity" – crystal methamphetamine, GHB/GBL, and mephedrone (with cathinones, MDMA, cocaine, and others as context-specific variations) – was not chosen randomly. Each substance plays a specific functional role within the chemsex architecture, and the combination is intentional at a neurobiological level even when it is not consciously designed:

The Functional Architecture of the Trinity.

Substance.	The primary neurobiological role in chemsex involves the interaction of various neurotransmitter systems, including dopamine, serotonin, and opioids. These systems are implicated in reward, pleasure, and motivation, which can be enhanced by psychoactive substances used during chemsex. Additionally, genetic factors, such as variations in genes like COMT and DRD2, may influence individual susceptibility to substance use and the development of dependence. The MTHFR gene is also relevant due to its role in	What it enabled sexually.	What it cost.

	folate metabolism, which can impact neurotransmitter synthesis and function. Understanding these neurobiological mechanisms is crucial for developing effective prevention and treatment strategies for chemsex-related harms. For more information and support, please visit findahelpline.com.		
Crystal methamphetamine	Massive dopamine and norepinephrine release: extreme motivation, energy, alertness, hypersexuality. The engine. Also reduces inhibitions and enhances sensory experience.	Hours to days of continuous sexual activity. Hypersexual drive that overrides fatigue, doubt, and discomfort. Sense of confidence and desirability. Disinhibition of sexual behaviours that felt impossible when sober.	Dopamine system devastation (D2 downregulation). Sleep deprivation. Neurotoxic damage at sustained high doses. Psychosis. The longest recovery timeline of the trinity — 12–24 months for full dopamine system repair.
GHB/GBL	GABA-B agonist: disinhibition, euphoria, physical relaxation, sensory enhancement. The counterbalance to meth's anxiety — GHB smooths the stimulant edge and reduces the paranoia and jaw-clenching that high-dose meth produces.	Removal of physical and psychological inhibition. Reduction of meth-induced anxiety. Muscle relaxation that enables sexual practices. Feeling of warmth, openness, and emotional availability. The 'social lubricant' of the trinity.	The most medically dangerous withdrawal of the trinity — seizure and psychosis risk within hours of missed dose at dependent doses. Bladder damage with GBL in some patterns. The tightest physical dependence of the three substances.
Mephedrone / cathinones	Inhibition of triple reuptake (dopamine, serotonin, norepinephrine), similar to cocaine,	Intense emotional and physical intimacy. The tactile enhancement (touch feeling	Risks associated with cardiovascular health (cardiac arrhythmia at high doses). Potential for neurotoxicity. Disruption

	but with stronger empathogenic effects than cocaine and a shorter duration: the social-emotional amplifier. The glue.	extraordinary) that enables sustained physical intimacy. Social warmth and emotional openness. A sense of genuine connection with partners that a sober experience rarely provides for some people.	of the serotonin system, similar to MDMA. Rapid development of tolerance. Compulsive re-dosing due to the substance's short duration of effect. Significant comedown effects including depression and anxiety.
MDMA (often used with other drugs)	Serotonin surge: oxytocin release, emotional intimacy, empathogenic effects, enhanced sense of touch, euphoria. Often included in the "trinity" due to its unique ability to foster emotional connection.	The deepest sense of emotional connection and acceptance. The feeling of being truly seen and wanted. Reduction of sexual shame. The 'love drug' in the context of sexual-emotional experiences that ordinary consciousness rarely produces.	Serotonin neurotoxicity can occur with frequent use. MDMA comedown ("Tuesday blues") is caused by serotonin depletion, leading to depression, anxiety, and social withdrawal. Recovery requires repairing the serotonin system along with addressing dopamine function. The most emotionally vulnerable period is immediately after use.

The chemsex pattern was organizing around:

* **Substance use**
* **Sexual activity**
* **Social interaction**
* **Risk-taking behaviour**
* **Identity formation**
* **Community building**
* **Escape from reality**
* **Self-medication**
* **Pleasure seeking**
* **Experimentation**

THE CENTURION — The substances weren't the goal. The experience was.

Understanding chemsex recovery requires understanding what the experience itself was providing — not the individual drugs, but the totality of the state they created together. The compendium names the individual substances as 'the Chemsex Daemon' that 'disables the user's native threat detection algorithms.' But this

framing, while accurate for harm reduction purposes, describes the mechanism while underselling the power of what was being sought.

Chemsex provided a way for some people to experience heightened sexual pleasure and reduce inhibitions. It could also be used as a coping mechanism for dealing with stress, anxiety, or depression.

- Sexual disinhibition: For many people whose sexuality carries shame, internalized homophobia, or the historical weight of belonging to a community that was criminalized, pathologized, and decimated by AIDS within living memory — the chemical removal of inhibition was not recreational. It was liberation. The freedom from shame that the substances provided was real, and it was providing access to a sexual selfhood that felt impossible without them.
- Radical acceptance and belonging: at its best, the chemsex scene provides a community of radical acceptance—spaces where queer sexuality in all its forms is celebrated rather than tolerated. The sense of belonging was genuine. The connection was genuine. The substances amplified it pharmacologically, but the thing being amplified was real.
- Intimità fisica ed emotiva estrema: l'effetto tattile di mefedrone e le proprietà empatogene di MDMA creano esperienze di intimità fisica ed emotiva di un'intensità che la coscienza ordinaria raramente produce. Per le persone che avevano subito isolamento emotivo, traumi relazionali o difficoltà con la vulnerabilità, la profondità della connessione resa possibile dal chemsex sembrava l'unico modo per accedere a un contatto umano autentico.
- Endurance and performance: Crystal meth's extreme energizing effect and meth's suppression of fatigue enable sexual activity for hours or even days, which would be biologically impossible when sober. For people who felt inadequate in their sexual performance without the drug, this functional enhancement became a necessity rather than an enhancement.
- The k-hole and dissociation (with ketamine): In contexts where ketamine was added, the dissociative dimension provided access to states of consciousness specifically sought for their own phenomenological character alongside the sexual experience.

None of these functions disappear when the substances are removed. Recovery must address every one of them — not by finding that they were illusory, but by finding genuine, non-pharmacological pathways to the same experiences.

The Polydrug Withdrawal Reality.

THE CENTURION — Three withdrawals happening simultaneously — with different levels of medical urgency.

⚠ THE MOST DANGEROUS ELEMENT OF CHEMSEX WITHDRAWAL IS GHB/GBL. IF YOU ARE DOSING GHB/GBL REGULARLY — SEVERAL TIMES DAILY — DO NOT STOP ABRUPTLY. SEEK MEDICAL SUPERVISION BEFORE REDUCING. METH WITHDRAWAL AND MEPHEDRONE WITHDRAWAL, WHILE BRUTAL, ARE NOT MEDICALLY DANGEROUS IN THE SAME WAY.

Substance.	Emergencies related to withdrawal require immediate medical attention. Seek professional help without delay.	Peak difficulty timeline.	Primäre Entzugserscheinungen
GHB/GBL	CRITICAL — Risiko kejang dan psikosis. Jangan hentikan penggunaan secara tiba-tiba jika dosisnya 3 kali atau lebih setiap hari. Pengawasan medis diperlukan.	Hours 2–72 after last dose — acute danger window.	Kramper, delirium, hallucinationer, ekstrem autonom ustabilitet, alvorlig angst, svedtendens, takykardi. Kræver medicinsk behandling med baclofen eller benzodiazepiner. Se GHB-vejledningen i denne serie for den fulde protokol.
Crystal methamphetamine	HIGH — Psychologically brutal; not medically dangerous in the acute sense.	Days 1–14 for the acute phase; weeks to months for anhedonia.	Extreme fatigue and hypersomnia (crash), profound depression, anhedonia, intense cravings, anxiety. The meth crash after a multi-day chemsex session is among the most severe withdrawal states in stimulant medicine.
Mephedrone / cathinones	MODERATE — Not medically dangerous acutely but severe psychological distress.	Days 1–5: peak; weeks for mood normalisation.	Depression, anxiety, fatigue, anhedonia, cognitive impairment, strong cravings, emotional lability. Serotonin depletion is pronounced — depression can be severe and requires monitoring.
MDMA (if used regularly)	Serotonin depletion can cause significant depressive symptoms after use.	Days 3–7 peak; weeks to months for serotonin recovery.	Severe 'comedown' depression (the 'Tuesday blues' of MDMA use), anxiety, emotional numbness, social withdrawal, cognitive

			impairment. The more frequently MDMA was used, the more severe the serotonin depletion.

The clinical approach: address GHB withdrawal first — this is the medical emergency. The meth crash and mephedrone withdrawal will happen simultaneously but are not immediately life-threatening. Their management runs in parallel once the GHB medical priority is addressed.

Section 2 — Your Genomic Blueprint

The compendium names two specific pharmacogenomic vulnerabilities for chemsex: COMT Val/Val (Warrior — driving high-risk sensation seeking through dopamine deficit) and MTHFR variants (reducing mucosal lining integrity and impairing neurotransmitter synthesis). The full genomic panel for chemsex recovery draws from the individual substance guides but has chemsex-specific implications:

Gene	Variant.	Chemsex-specific role.	Recovery implications.
COMT	Val/Val (rs4680) — Warrior constitution.	The compendium's primary chemsex genomic driver. Fast COMT = low baseline dopamine = driven toward high-intensity stimulation including sexual novelty and risk. The Warrior seeks intensity because intensity is the only thing that provides adequate dopamine signal.	Recovery architecture must provide genuine intensity — competition, physical challenge, creative achievement, meaningful risk. The person in recovery who leaves chemsex without building equivalent intensity architecture will relapse, not from moral failure, but from neurobiological necessity.
MTHFR	C677T (rs1801133) and A1298C (rs1801131)	The compendium specifically names MTHFR variants as increasing HIV transmission risk through compromised mucosal lining integrity — the physical tissue barrier. Additionally, it impairs neurotransmitter synthesis underlying the anxiety and shame that chemsex was managing.	5-MTHF supplementation addresses both the mucosal integrity issue and the neurotransmitter synthesis deficit simultaneously. This is non-optional for individuals with MTHFR variants who are recovering from chemsex—it addresses the physical HIV risk factor AND the neurochemical driver of the chemsex pattern.
GABRA2	rs279858 / rs279845 high-risk haplotype.	Determines the severity of GHB dependence and withdrawal risk. High-risk GABRA2 carriers have the	GABRA2 high-risk = requires a slower GHB tapering schedule, may result in more severe Post-Acute Withdrawal Symptoms (PAWS), and indicates a longer timeframe for the return of

		lowest baseline GABAergic inhibitory tone — GHB provides extraordinary relief that these individuals experience more powerfully than others.	normal GABA levels. This also determines the risk of seizures during GHB withdrawal – essential information for the medical team.
DRD2 / ANKK1	Taq1A A1 allele (rs1800497) — Reward Deficiency Syndrome.	Reduced D2 receptor density = chronically insufficient dopamine signal = powerful drive toward any experience that overcomes the deficit. Chemsex's multi-substance dopamine flooding provides relief for this deficit more effectively than almost any other experience.	The person with the DRD2 A1 allele cannot be expected to find sober life adequate without a deliberate effort to create multiple, strong sources of pleasure. Relying on a single source for recovery is not enough. The underlying structure of addiction needs to be addressed through various channels.
DAT1 / SLC6A3	10-repeat VNTR allele (rs28363170)	Higher dopamine transporter expression = faster dopamine reuptake = lower baseline dopamine availability = stronger response to meth's DAT blockade. Also strongly associated with ADHD — meth self-medication for ADHD is a documented chemsex pathway.	Valutazione dell'ADHD è clinicamente importante nel percorso di recupero dal chemsex: l'uso di metanfetamine potrebbe essere stato un tentativo di automedicazione per una reale condizione di ADHD. Il trattamento non stimolante per l'ADHD affronta la causa sottostante, eliminando al contempo uno dei fattori che spingono all'uso di metanfetamine.
SLC6A4 / 5-HTTLPR	Short/short allele — reduced serotonin transporter expression.	Higher anxiety sensitivity, higher risk for shame-driven sexual behavior, higher response to mephedrone and MDMA's SERT blockade (the emotional warmth	Serotonin reconstruction is a primary focus, along with dopamine recovery, for individuals with the SLC6A4 short/short genotype. The anxiety and shame that existed before chemsex use had biological origins, not moral ones, and require both biological

		and acceptance they provide). The short/short carrier may have found mephedrone and MDMA's serotonergic effects the most compelling dimension of chemsex.	and therapeutic interventions.
CYP2B6	*6/*6 poor metabolizer (rs3745274)	GHB metabolism — individuals who are poor CYP2B6 metabolizers accumulate GHB and norketamine at higher plasma levels. The compendium's 'Dissociative Logjam Risk.' In the chemsex context, poor CYP2B6 metabolizers may develop GHB dependence faster and at lower doses than others.	Informazioni essenziali per il team medico che gestisce l'astinenza da GHB e la riduzione graduale della dose: i soggetti con metabolismo povero di CYP2B6 richiedono dosi inferiori di baclofene e un monitoraggio più attento a causa dell'accumulo del farmaco.
FAAH	C385A (rs324420) — reduced FAAH activity.	The endocannabinoid metabolism gene. Relevant if cannabis was part of the chemsex pattern (common, particularly for modulation of stimulant anxiety). Also affects anandamide availability — the natural social bonding and pleasure molecule.	FAAH A/A carriers have higher natural anandamide levels, which means they have a greater natural ability to experience social bonding and pleasure—the same effects that chemsex was providing through pharmacological means. Exercise and social connection can activate this system naturally. The natural recovery pathway for individuals with this profile is partly related to the endocannabinoid system.

Section 3 — The Detox Protocol — Sequenced for the Polydrug Reality.

THE CENTURION — Three Recovery Tracks, One Person, One Coordinated Plan.

Chemsex recovery cannot be managed with a single-substance approach. The three primary substances require three parallel recovery tracks, each with its own timeline, medical requirements, and supplement strategy. The tracks do not replace each other — they run simultaneously, coordinated.

The sequencing principle: address GHB first (medical emergency), establish the medical and supplement framework for all three, then progressively build the behavioral and relational recovery architecture.

Track 1: GHB/GBL — The Medical Priority.

If you are taking GHB/GBL three or more times a day, this is your immediate medical priority. Do not try to manage GHB withdrawal on your own. The complete GHB protocol from the GHB guide in this series applies. Key elements:

- Baclofeno, bajo supervisión médica: la intervención farmacológica más específica para la abstinencia de GABA-B.
- If baclofen is unavailable, high-dose benzodiazepine protocol under medical supervision.
- GABRA2 variant status informs the taper timeline — high-risk variants require slower reductions.
- Supplement stack begins Day 1: magnesium glycinate (400–600mg split), P5P (25–50mg), 5-MTHF (400mcg), L-theanine (200–400mg as needed)
- Selank (intranasal) for anxiety management during taper — non-addictive, directly relevant to GABA-B recovery.
- Epitalon för att normalisera sömnstrukturen under den nattliga doseringsperioden.

Track 2: Crystal Methamphetamine — The Dopamine Reconstruction

The meth treatment starts at the same time as the GHB medical management. There's no medical emergency caused by meth withdrawal alone, but the "meth crash" that happens after a multi-day chemsex session is one of the most severe psychological states in addiction medicine. Be prepared for it.

- Allow the crash: Protocol 01 (Shelter), sleep, hydration, protein-rich food when appetite returns.

- L-tirosina (500–1000 mg, mattina, lontano dalle proteine): precursore della dopamina – iniziare il giorno 3-5 quando si mangia regolarmente.
- NAC (600mg twice daily with food): glutamate homeostasis; craving reduction.
- Uridine + DHA + CDP-Choline (Brain Stack): D2 receptor density upregulation — the structural recovery of the dopamine system.
- Exercise should begin as soon as physically possible – BDNF is the repair signal for meth-induced dopamine axon damage.
- Semax (intranasal): Increases BDNF levels and promotes recovery in the prefrontal cortex; can help alleviate the cognitive impairment experienced after meth-related chemsex.
- BPC-157: direkt wirkt gegen Störungen des Dopamin-Systems, die durch Stimulanzien in Forschungsmodellen verursacht werden.

Track 3: Mephedrone and Cathinones — The Serotonin Reconstruction.

Mephedrine and cathinone recovery is architecturally similar to cocaine recovery (triple reuptake inhibition) with a heavier serotonin component similar to MDMA. The serotonin dimension is particularly important for chemsex recovery because it was the serotonin flood of mephedrone that provided the emotional intimacy and warmth that made chemsex feel like genuine connection.

- 5-HTP (50–100mg, evening): precursor to serotonin – the most important supplement for addressing emotional numbness and social isolation during mephedrone recovery.
- 5-MTHF (400–1000 mcg, morning): provides essential methylation support; a must-have for individuals with MTHFR variations.
- Inositol (4–12g, taken in portions with meals): helps to adjust how sensitive serotonin receptors are; it can be especially helpful for dealing with the anxiety and intense cravings that can happen during mephedrone recovery.
- Omega-3 EPA-dominant (2–4g daily): supports mood and has anti-neuroinflammatory effects.
- Se l'MDMA veniva assunto regolarmente: la deplezione della serotonina potrebbe essere grave; concedere un minimo di 6-8 settimane prima di aspettarsi un vero recupero dell'umore; il 5-HTP e il riposo sono gli strumenti principali.

The Combined Withdrawal Timeline for Chemsex

Timeline.	GHB/GBL track.	Meth track	Mephedrone track

Hours 0–72	MEDICAL EMERGENCY window. Baclofen or benzo protocol. Monitoring. Seizure precautions. This is the only track that matters in this window — everything else waits.	Crash. Sleep. Hypersomnia. Do not fight it. The body is demanding rest. Hydrate. Eat what you can.	Crash and depression. Allow. Rest is the medicine.
Days 3–7	Acute danger subsiding with medical management. GABA system remains severely depleted. Magnesium, L-theanine, and Selank can be used for anxiety. Avoid rapid benzodiazepine reduction.	Profound depression and anhedonia. This is the hardest time for meth use. Protocol 01. Support contact. Begin tyrosine and NAC if eating.	Peak depression and anxiety. 5-HTP begins. Serotonin precursor support. Emotional flatness is the system rebuilding.
Weeks 1–4	GHB tapering continues under physician supervision. Supplement regimen being adjusted. Selank taken daily for anxiety. Sleep gradually improving with Epitalon. GABA receptor upregulation is in progress.	Anhedonia prominent. Exercise commences – mandatory, not optional. NAC and Brain Stack are active. Cravings for the meth-sex combination manifest as the most intense craving signal.	Gradual mood improvement. Social withdrawal may feel extreme — the serotonergic intimacy is gone. 5-HTP and inositol. Gentle social re-engagement.
Months 1–3	GHB taper may be completing or in final stages. GABA system substantially recovering. PAWS episodes — anxiety waves — require the 4-7-8 breath interrupt and Selank.	DRD2 receptor upregulation is measurably progressing. Genuine moments of pleasure are returning. Cognitive clarity is improving. Sexual response is returning— this may be confusing without the context of chemical enhancement.	Sistema de serotonina en proceso de recuperación. La facilidad social está regresando gradualmente. El calor emocional que proporcionaba la mefedrona comienza a aparecer, tímidamente e intermitentemente, en conexiones genuinas.
Months 3–12	GHB withdrawal mostly complete, with a suitable tapering schedule followed. Natural GABA levels are recovering through breathing exercises and physical activity. Post-acute	Sistema dopaminérgico en niveles normales o cercanos a ellos. El deseo sexual natural está regresando. La "línea plana" (mencionada anteriormente) está desapareciendo. La	Serotonin levels have returned to normal. Feeling more socially confident without using the drug, and it's easier to connect with

	withdrawal symptoms (PAWS) are lessening.	naturaleza compulsiva de la conexión entre el consumo de metanfetamina y la actividad sexual se está debilitando.	others. The sense of closeness that mephedrone used to provide can now be experienced through real relationships.

Section 4 — Biological Reconstruction — The Unified Stack

The chemsex recovery supplement stack integrates the individual tracks from the GHB, meth, and cocaine/mephedrone guides with the chemsex-specific additions. The goal: simultaneously rebuild GABA-B function (GHB track), dopamine synthesis and D2 density (meth track), and serotonin tone (mephedrone/MDMA track) — while addressing the methylation foundation that underlies all three.

4.1 — The Methylation Foundation — Non-Negotiable for All Tracks.

Supplement	Dose.	Timing.	It's important to understand that substance use, including chemsex, can have significant impacts on both physical and mental health. Recovery from chemsex involves addressing these complex issues, which may include: * **Physical Health:** Chemsex often involves the use of multiple substances, which can strain the cardiovascular system, liver, and kidneys. It can also increase the risk of sexually transmitted infections (STIs) and other health complications. * **Mental Health:** Chemsex can be associated with depression, anxiety, trauma, and other mental health challenges. Addressing these issues is crucial for long-term recovery. * **Social Connections:** Chemsex can sometimes lead to isolation from family and friends. Rebuilding social connections and support networks is an important part of the recovery process.

			*** **Trauma:** Experiences related to chemsex may involve trauma, which needs to be addressed through appropriate therapeutic interventions.** **Recovery from chemsex requires a comprehensive approach that addresses all of these aspects. This may involve medical care, mental health therapy, and support groups. It's important to seek professional help if you are struggling with chemsex or other substance use issues. Medical help is not failure.**
5-MTHF (L-methylfolate)	400–1000 mcg daily.	Breakfast.	The compendium specifically names MTHFR variants as increasing HIV transmission risk through mucosal compromise. 5-MTHF directly addresses this — supporting mucosal integrity at the cellular level — while simultaneously providing the neurotransmitter synthesis support that underpins all three recovery tracks. For chemsex recovery, this is the single most important supplement for addressing both the physical HIV risk factor and the neurochemical drivers.
Methylcobalamin (B12)	1000–2000 mcg sublingually.	Morning.	Synergistic with 5-MTHF. The multi-system depletion caused by chemsex (dopamine, serotonin, GABA simultaneously) places maximal demand on B12-dependent synthesis pathways. Sublingual form for optimal absorption. Supports myelin integrity relevant to meth-induced neurological damage.
P5P (active B6)	25–50mg	Morning.	Cofactor for GABA synthesis (GHB use), dopamine synthesis (methamphetamine use), and serotonin synthesis (mephedrone use) simultaneously. P5P-dependent enzymes are under maximum demand during chemsex recovery. This is non-negotiable across all three types

			of drug use.
Magnesium glycinate.	400–600mg elemental	Morning and evening.	The highest-priority physical supplement for two of the three tracks simultaneously: GABA-B system support (GHB track) and NMDA modulation / anxiety reduction (meth withdrawal track). Also supports cardiovascular function — relevant given mephedrone and meth's cardiac burden. Start Day 1.

4.2 — The Integrated Neurotransmitter Stack

Supplement.	Dose.	Timing.	Primary track.	Notes
L-Tyrosine	500–2000mg	AM, away from protein.	Methamphetamine (meth) affects the brain's reward system by increasing the amount of dopamine released. Dopamine is a neurotransmitter that plays a role in pleasure, motivation, and movement. Chronic meth use can lead to changes in the brain that make it difficult to experience pleasure from natural rewards, such as food	Start Day 3–5 when eating regularly. Dopamine precursor — addresses the primary deficit of the meth track. Avoid protein to aid absorption.

			or social interaction. This can contribute to depression, anxiety, and other mental health problems.	
NAC	600–1200mg twice daily.	Morgen og aften, med mat.	All tracks.	Glutamate homeostasis is relevant to all three programs. Begin on Day 1. Evidence of craving reduction exists for all substance categories. It also has hepatoprotective properties.
Uridine + DHA + CDP-Choline (Brain Stack)	250mg UMP + 1g DHA + 250mg CDP-choline	Good morning, everyone.	Methamphetamine (meth) affects the brain's reward system by increasing the amount of dopamine released. Dopamine is a neurotransmitter that plays a role in pleasure, motivation, and movement. Chronic meth use can lead to changes in the brain that make it difficult to experience pleasure from natural rewards, such as food	D1/D2 receptor upregulation — the structural recovery of the dopamine system damaged by meth. This is a long process, taking weeks to months, but it's the most evidence-based approach for receptor recovery currently available.

			or social interaction. This can contribute to depression, anxiety, and other mental health problems.	
5-HTP	50–100mg	Evening, 30 minutes before bed.	Mephedrone / MDMA / serotonin	Precursor de serotonina: aborda la tríada de depleción de serotonina (mefedrona + MDMA + sistema general). Es crucial para la recuperación del estado de ánimo y el sueño. Aquí es donde comienza la mejora en las interacciones sociales.
L-Theanine	200–400mg	Efter behov, 2-3 gånger dagligen.	GHB/anxiety	GABAergic and NMDA-modulating anxiolytic. Non-addictive. Particularly important for the GHB track's severe anxiety window. The primary non-pharmacological GABA support tool in the acute phase.
Taurine	1–2g daily.	With meals.	GHB / GABA	Support for GABA receptors; neuroprotection; protection of the liver – relevant for GBL users whose liver processes the precursor. Begin this treatment after the GHB tapering process has started, and not during active medical management.
Inositol.	4–12g (adjust	Divided with meals.	Mephedrone / serotonin	Sensibilité des récepteurs de la

	dosage).			sérotonine ; réduction de l'anxiété ; preuves d'une qualité compulsive du désir. Particulièrement pertinent pour le désir compulsif lié à la consommation de produits chimiques, qui se manifeste souvent pendant la guérison.
Omega-3 EPA + DHA	2–4g daily	With food, in the morning.	All tracks.	Anti-inflamatório para o sistema nervoso; suporte ao BDNF; melhora do humor (rico em EPA); suporte à membrana para recuperação dos receptores (rico em DHA). Atua contra os danos causados pelas três substâncias simultaneamente.
Lion's Mane mushroom.	500–1000mg	Morning.	Methamphetamine use can affect cognitive function, including memory, attention, and decision-making.	NGF + BDNF stimulation. Addresses meth's direct suppression of neuroplasticity molecules. Cognitive repair — the "fog" experienced after meth-related chemsex sessions is one of the most significant cognitive impairments in addiction medicine.

4.3 — The Peptide Layer

Peptide.	Mechanism across chemsex tracks.	Primary track.	Notes
BPC-157	Normalización de la dopamina y la serotonina;	Alle spor – polybruk.	The most versatile peptide across the chemsex recovery framework — it addresses

	modulación del receptor GABA-B; reparación del eje intestino-cerebro; efecto antiinflamatorio; curación de tejidos.		dopamine (meth), serotonin (mephedrone), GABA-B (GHB), and gut repair (all three substances disrupt gut microbiome) simultaneously. Start Day 1 of the post-detox phase. Oral or subcutaneous.
Selank	Anxiolytic acting on GABA and serotonin; reduces anxiety without causing dependence; directly relevant to anxiety associated with GHB withdrawal and serotonin depletion caused by mephedrone.	GHB + mefedron intravenös.	The most important peptide for the anxiety dimension — addressing both the GABA withdrawal anxiety (GHB track) and the serotonergic anxiety (mephedrone/MDMA track). Non-addictive. Intranasal. Daily in the acute phase.
Semax	BDNF and NGF upregulation; cognitive repair; dopamine modulation; prefrontal cortex recovery.	Meth track — cognitive	The cognitive impairment caused by multi-day chemsex sessions involving methamphetamine is significant. Semax helps to address the reduction in BDNF levels that methamphetamine causes, and it supports the recovery of the prefrontal cortex, which enables clear decision-making during recovery. Intranasal administration. Start Week 1.
Epitalon	Architecture du sommeil ; voie pinéale ; normalisation circadienne.	GHB use – sleep.	The nocturnal GHB dosing pattern disrupts the circadian rhythm. Epitalon supports the pineal pathway as the GHB taper eliminates the external sleep-inducing mechanism. First 4–6 weeks.

Section 5 — Sexual Health and Recovery.

THE CENTURION — The dimension that standard recovery ignores, and chemsex recovery cannot.

Every other substance guide in this series contains a sexual health section that is brief or peripheral. The chemsex guide cannot do this. Sexual experience was the organizing context around which the entire polydrug pattern was built. Recovery from chemsex is incomplete — biologically, psychologically, and relationally — without directly addressing the sexual dimension.

This section draws directly from the compendium's Protocol 35S series (the specialist protocols for this population) and from the sexual recovery content in the compendium's Volume V.

5.1 — The Complete Sexual Health Medical Assessment

THE CENTURION — The Tests That Cannot Wait

Prima di qualsiasi altra cosa nel percorso di recupero sessuale: la valutazione medica. Questi esami non sono facoltativi e devono essere effettuati entro la prima settimana di recupero, non quando ti senti pronto.

- HIV test: Fourth-generation antigen/antibody test. If any recent potential exposure — also initiate PEP if within 72 hours. If HIV-positive: connect with HIV care provider immediately. Treatment is available, effective, and enables full life and sexual health. U=U is real.
- STI panel: gonorrhoea (urethral, rectal, pharyngeal swabs), chlamydia (same sites), syphilis (serology), herpes (serology if not previously tested), hepatitis C (if any IV drug use including slamming), hepatitis B (serology and vaccination status).
- Vaccination against Hepatitis B, for those who are not already immune: a three-dose series provides lifelong protection.
- Vaccinazione contro l'HPV, se si rientra nei criteri di ammissibilità (fino all'età di 45 anni secondo molte linee guida): riduce significativamente il rischio di tumori correlati all'HPV.
- Vaccinazione contro il vaiolo delle scimmie se non si è immuni e ci si trova in un'area endemica: due dosi di vaccino Jynneos. Il vaiolo delle scimmie si trasmette nelle stesse reti sessuali in cui avviene l'uso di sostanze chimiche per attività sessuali (chemsex).
- CBC for levamisole agranulocytosis if cocaine was part of the pattern.
- Comprehensive metabolic panel: kidney and liver function — relevant for GBL users (hepatic conversion pathway) and for any IV drug use.

- Valutazione cardiovascolare: Elettrocardiogramma se si sospetta un uso significativo di metanfetamine o mefedrone. Monitoraggio della pressione sanguigna.

Programma di test per la salute sessuale durante il recupero: almeno ogni 3 mesi per il primo anno. Con maggiore frequenza se si è sessualmente attivi. I test non sono punitivi, ma rappresentano l'impegno a prendersi cura della propria salute.

5.2 — The Chemical Intimacy Trap

THE CENTURION — The Compendium Names This Precisely — 'A Gap in Learning'

For many people in recovery, the first sober sexual experience is not a return. It is a first. Drink by drink, hit by hit, every intimate encounter was mediated by chemistry. The nervous system never learned how to tolerate the nakedness of genuine contact — the exposure, the uncertainty, the depth of feeling that comes when nothing buffers the encounter between two people. This is not a moral failure. It is a gap in learning.

In chemsex recovery, this gap is often more profound than in any other substance recovery. The drugs were not incidentally present during sex — they were the prerequisite for sex. The nervous system never practiced the skills of sober sexual intimacy because the opportunity for sober sexual intimacy essentially never arose.

What this means for recovery: The first sober sexual experience after chemsex is genuinely new territory. It is not the restoration of a pre-drug sexual self. For many people in this recovery, there was no pre-drug sexual self to restore — the chemsex pattern began in the formative years of sexual development.

5.3 — The Flatline

THE CENTURION — The season that feels like permanent loss and is not.

The compendium describes the flatline: 'Early recovery brings, for many, a silence where desire once lived. No arousal. No interest. No pull toward intimacy of any kind.' In chemsex recovery, the flatline is almost universal — because the dopamine and serotonin systems that were flooded to produce hypersexual states are now depleted, and the brain has temporarily decommissioned the sexual arousal circuits that were chronically overstimulated.

Flatline experience.	I'm sorry, I don't have enough information to answer that question. Can you please provide more context?	What to do.

Absence of sexual desire – complete lack of arousal or interest.	Sistemi dopaminergici e serotoninergici esauriti; i circuiti di ricompensa si stanno riorientando, allontanandosi dai segnali artificialmente intensi; il cervello sta ricostruendo la sensibilità alla stimolazione naturale che era stata soppressa da anni di sovraccarico chimico.	The compendium's instruction: do not panic, do not test, do not force. This is a season, not a verdict. Tend the soil — sleep, exercise, nutrition, connection — the substrate on which desire rebuilds. The flatline ends. Duration varies: 1–3 months for meth-primary chemsex; 3–6+ months for patterns involving frequent MDMA.
Sober sex can feel flat, mechanical, or impossible to engage with.	The nervous system has learned that sexual arousal equals a drug-like state. This drug-like state is currently absent. The brain's arousal pathways are still searching for the usual triggers. The body's natural arousal pathways are present, but they feel unfamiliar.	Intimitatea de nivel inferior în primul rând: contact fizic non-sexual (atingere, masaj, îmbrățișare) care nu necesită performanță. Reintroducerea treptată a experiențelor senzoriale fără presiunea performanței sexuale. Rușinea sexuală este adesea prezentă aici - poate fi nevoie de sprijin terapeutic.
Trying to check if a function has returned a value.	Watching pornography to see if arousal still functions, or obsessively checking for signs of response, introduces anxiety into a system that heals through rest. Every test delays the reboot.	Stop testing. The testing is the problem, not the evidence of a problem. The anxiety the testing creates is what is preventing the return of natural arousal. The compendium instructs: "Notice without chasing." Signs of returning desire do not need to be acted on immediately.

5.4 — Reconstruyendo una sexualidad sobria.

THE CENTURION — Learning What Was Never Taught — Contact Without Buffers.

Il compendio afferma: "Il contatto fisico reale che precedentemente era mediato dalla chimica richiede un riapprendimento completo. Le capacità dell'intimità sobria - essere presenti nel corpo, tollerare la vulnerabilità di essere visti, rimanere quando la sensazione è travolgente - sono state aggirate. La guarigione non è un ritorno. È un inizio."

The practical framework for rebuilding sober sexuality in chemsex recovery:

- Months 1–3 (the flatline season): no pressure to engage in sexual activity. Focus on non-sexual physical intimacy — touch, warmth, physical presence with trusted people. The nervous system is relearning that bodies can be in proximity without chemical intervention. This is genuine neurological learning, not a therapeutic nicety.

- Month 3 onwards (when desire begins to return): start with lower-intensity, lower-stakes intimate experiences. Not the multiple-partner, multi-day marathon that chemsex provided — that is a destination for later, if it remains part of the sexual identity, rebuilt on a sober foundation. Start with what the nervous system can sustain without shutdown.
- Sexual shame: For many people in chemsex recovery, particularly those who used chemical disinhibition to access sexual experiences that felt impossible or shameful sober, the return of sobriety brings the return of shame. This is not evidence that the sexual desire itself was wrong. It is evidence that the shame predated chemsex and requires its own therapeutic attention. LGBTQ+-affirming therapy is the appropriate context for this work.
- Statut VIH et identité sexuelle : si vous êtes séropositif, que ce soit récemment ou depuis longtemps, le travail de rétablissement sexuel comprend le traitement émotionnel du diagnostic ainsi que la réalité pratique de U=U. Une personne dont la charge virale est indétectable ne peut pas transmettre le virus. Cela change fondamentalement le paysage sexuel : pour beaucoup de gens, cela élimine une peur qui entraînait des comportements plus risqués qu'une divulgation honnête n'aurait pu l'être.
- Monogamia, no-monogamia e comunità sessuale: il chemsex spesso si verifica in specifici contesti sociali e sessuali (app, locali, reti sociali). La riabilitazione non richiede la monogamia o l'abbandono di specifiche pratiche sessuali. Richiede un rapporto sobrio con qualsiasi comunità e pratica sessuale che sia autentica per la persona. Esistono comunità queer sobrie, comunità sessuali sobrie e spazi di recupero esplicitamente aperti alla comunità LGBTQ+, e sono reperibili.

Section 6 — HIV and Health Management in Recovery.

THE CENTURION — Protocol 42 Applied — The Firewall Stack for the Person in Chemsex Recovery.

The compendium's Protocol 42 provides the complete HIV prevention and management framework. This section applies it specifically to chemsex recovery.

6.1 — If You Are HIV-Negative

- PrEP (Pre-Exposure Prophylaxis): if you are not on PrEP and you were participating in chemsex — start PrEP before any further sexual activity. The compendium calls it 'the Pre-Execution Firewall.' Truvada and Descovy (daily oral) and Apretude (injectable, every 2 months) all provide greater than 99% protection from HIV when maintained. Available through your GP, sexual health clinic, or HIV service.
- PEP (Post-Exposure Prophylaxis): If you think you may have been exposed to HIV during chemsex, start PEP within 72 hours. It's a 28-day course. Starting it sooner means it's more effective. Ask at any emergency department or sexual health clinic.
- Regelmäßige HIV-Tests: alle 3 Monate während sexueller Aktivität. Der Test der 4. Generation kann HIV bereits 18 bis 45 Tage nach Exposition nachweisen. Die "Verzugszeit" eines älteren Tests ist nicht die Verzugszeit eines modernen Tests.
- Hepatitis C monitoring: if you're injecting drugs (IV drug use) as part of your chemsex activities, get tested for hepatitis C every 3 months. Hepatitis C is curable. Direct-acting antivirals achieve a cure in 8–12 weeks in the vast majority of cases. Getting tested and treated isn't complicated. Finding out you have it and not knowing is.

6.2 — If You Are HIV-Positive

Il compendio si basa su questo principio: "Un partner HIV-positivo con carica virale soppressa non può trasmettere. Il virus è presente, ma 'sandboxed' e non può essere trasmesso." U=U non è una strategia di riduzione del rischio; è un fatto scientifico comprovato dagli studi PARTNER e PARTNER2, che hanno coinvolto migliaia di coppie sierodiscordanza nel corso degli anni.

- If newly diagnosed: contact an HIV specialist or HIV clinic immediately. Starting treatment early in the infection is strongly recommended. Treatment usually involves taking a single pill every day. Most people who are on treatment can expect to live normal lifespans.

- If you have already been diagnosed and are receiving treatment: make sure your viral load is undetectable before resuming sexual activity without using extra protection. If your viral load is not suppressed, this is a medical emergency. Talk to your HIV doctor about why suppression isn't happening.
- Chemsex and ART adherence: Chemsex significantly disrupts antiretroviral adherence. Missing doses of ARTs — even occasionally — allows viral rebound. If chemsex was disrupting your HIV medication adherence, this is a clinical conversation to have with your HIV provider about long-acting injectable ARTs (Cabenuva, monthly or every two months) that eliminate the daily pill adherence variable.
- Salud mental y VIH: El diagnóstico de VIH en el contexto de la recuperación del chemsex conlleva una carga psicológica específica: vergüenza, dolor y miedo, que requiere apoyo. La atención de salud mental afirmativa para personas LGBTQ+ es el entorno adecuado. Muchas personas que viven con VIH informan que el tratamiento y U=U cambiaron fundamentalmente su relación con su diagnóstico, pasando de una catástrofe a una afección crónica manejable. Ese cambio está disponible y es real.

Section 7 — The Chemsex Craving — Understanding and Interrupting.

THE CENTURION — The craving is for the complete state, not any individual drug.

The chemsex craving is architecturally different from single-substance cravings because the object of the craving is not a drug — it is an experience. The craving fires not for meth specifically or GHB specifically or mephedrone specifically, but for the chemsex state in its totality: the sexual intensity, the disinhibition, the emotional intimacy, the sense of belonging, the night (or days) that existed outside ordinary time.

This means that chemsex cravings have multiple triggers, which is different from cravings for single substances. It can be triggered by sexual arousal alone (sexual cue = chemsex cue). It can also be triggered by loneliness alone (the belonging function). Other triggers include:

* A specific app or platform.
* A specific time of week.
* Stress (the escape function).
* A specific social network.
* The memory of specific people.

Chemsex-specific craving triggers:

* **Social media posts related to chemsex.**
* **Seeing paraphernalia associated with chemsex.**
* **Being in locations where chemsex occurs or has occurred.**
* **Contact with people who use drugs for sex.**
* **Experiencing loneliness or boredom.**
* **Feeling stressed or anxious.**
* **Having thoughts about past experiences with chemsex.**

Trigger.	What the craving is seeking.	Alternative response.
Sexuelle Erregung – jede Quelle.	The brain that learns that sexual arousal equals chemsex will activate the chemsex anticipation circuit whenever sexual arousal occurs. The craving is for the entire experience that was previously associated with sexual arousal.	The sexual arousal is real. The chemsex response is conditioned but not necessary. Exercise interrupt. Contact with a recovery person. The arousal will pass without requiring chemsex to resolve it. The flatline means this trigger may

		be absent in early recovery — when it returns, the interrupts become relevant.
Apps and digital platforms.	Grindr, BBRT, and other apps were the primary access pathway to chemsex sessions. The app itself is a compound cue — the interface, the photos, the anticipation all activate the chemsex circuit.	Löschen Sie die Apps vollständig innerhalb der ersten 90 Tage. Dies ist keine Vermeidung als Niederlage – es ist eine Umgestaltung der Umgebung (Protokoll 05) als Medizin. Wenn Dating-Apps irgendwann wieder aktiviert werden, sollten sie nicht gleichzeitig mit der Konsolidierung der Chemsex-Erholung reaktiviert werden.
Friday/Saturday evening (session time).	The brain trained to expect a chemsex session at specific times of the week will produce the anticipatory craving signal at those times even months into recovery.	Plan every Friday and Saturday in the first six months of recovery with structured, high-intensity alternative activities. Occupy craving time before the craving arrives. Do not leave the weekend unplanned and expect willpower to fill the gap.
Loneliness and social isolation.	Il senso di appartenenza e connessione che il chemsex offriva era una delle sue funzioni più allettanti. La solitudine scatena direttamente la voglia di vivere un'esperienza che, in modo affidabile, la poneva fine.	Contact. Any contact. The chemsex community provided belonging through a specific pathway — recovery community provides it through a different one. LGBTQ+-affirming recovery spaces, twelve-step groups specifically for this population (Crystal Meth Anonymous, SMART Recovery), or any sober community that does not require the abandonment of sexual identity.
Stress związany z pracą, odrzucenie lub ból emocjonalny.	The escape function of chemsex — the way it provided an alternate reality during periods of acute stress — means that any painful experience can trigger the craving for the escape.	Protocol 01 (Shelter) for acute distress. The breathwork practice. Therapeutic contact. The key distinction: coping with distress rather than escaping from it. The contemplative practices that build tolerance for difficult emotional states are the long-term intervention for this trigger.
Personer från kemsexträffen.	Specific people from the chemsex network are compound cues — they activate the entire state. Contact from them,	Social media blocks and mute functions are appropriate protective measures, not cruelty. Protocol 08 (social

	seeing them on social media, or passing them in the community can produce sudden intense craving.	architecture) addresses the full restructuring of the social network that chemsex recovery requires. Some relationships from the chemsex network can be maintained in sober contexts over time — most cannot be maintained in early recovery without unacceptable craving risk.

THE CHEMSEX CRAVING INTERRUPT — 5-MINUTE PROTOCOL.

1. NAME THE COMPLETE OBJECT OF THE CRAVING. Not 'I want to use.' What specific experience is the craving seeking? The sexual intensity? The belonging? The escape? The emotional intimacy? Naming the function changes the response from 'resist the drug' to 'find the alternative function.'
2. QUIT THE ENVIRONMENT OR PLATFORM. If you're using a dating app or in a queue, leave right away. If you're by yourself at home on a Friday night, move to a different location. Changing your physical and digital surroundings should be your first step.
3. EXECUTE 4-7-8 BREATHING — SIX CYCLES. The chemsex craving has multiple neurobiological components firing simultaneously. Six cycles, not four, to activate an adequate parasympathetic response.
4. TAKE NAC, L-THEANINE, AND MAGNESIUM. The neurochemical urgency underlying the craving has a biochemical component that can be addressed in real time. These are the three most directly relevant supplements for the multi-system craving state.
5. CONTACT — SPECIFICALLY RECOVERY COMMUNITY CONTACT. Not a chemsex contact. Not a social contact who does not know your recovery. Specifically a person who understands chemsex recovery. Crystal Meth Anonymous, a sexual health worker, a recovery worker who knows this community, or a chemsex-informed therapist.
6. EXECUTE HIGH-INTENSITY NATURAL REWARD. Something with genuine intensity — the same intensity threshold that chemsex was providing. Hard exercise, cold plunge, creative work, competitive activity. The Warrior brain's craving requires a Warrior-level response, not a moderate one.
7. What triggered it?
   What function was it seeking?
   What did you do?
   What happened to the craving's intensity?

   After three weeks, this data will reveal your specific craving architecture—the patterns, the triggers, the functions—with a clarity that no external observer could provide.

Section 8 — Community, Identity, and the Architecture of Sober Belonging.

THE CENTURION — La recuperación no debe obligarte a abandonar tu comunidad; debe ayudarte a construir una vida diferente dentro de ella.

The most important architectural challenge of chemsex recovery is this: the chemsex scene provided genuine community, genuine belonging, genuine expression of sexual identity, and genuine friendship alongside the substances. Removing the substances without addressing the community function produces isolation — and isolation is the environment in which relapse incubates most reliably.

Recovery from chemsex does not require leaving the gay, bisexual, or queer community. It does not require becoming celibate. It does not require abandoning the sexual identity or practices that were authentic to the person before the chemsex pattern began. It requires building a sober version of the community functions that chemsex was providing — belonging, connection, sexual expression, and the freedom to be fully oneself — through means that do not involve the substances.

Building a Sober LGBTQ+ Community.

- Crystal Meth Anonymous (CMA): specifically oriented to queer communities affected by meth, with a strong presence in major cities. The shared experience of chemsex creates a specific quality of understanding that generalist recovery communities may not provide.
- SMART Recovery LGBTQ+ meetings: a secular alternative to twelve-step programs, with an increasing number of meetings specifically for the LGBTQ+ community.
- Servicios de apoyo específicos para el consumo sexual: en el Reino Unido, muchas organizaciones de salud sexual y VIH ofrecen servicios de apoyo específicos para el consumo sexual. En los Estados Unidos, organizaciones como la Fundación del SIDA de San Francisco, el Centro de Salud Comunitario CALLEN-LORDE (Nueva York) y muchas organizaciones de atención al VIH ofrecen asesoramiento sobre el consumo sexual. El terapeuta especializado en el consumo sexual es la relación clínica más valiosa en este proceso de recuperación.
- Sober LGBTQ+ social spaces: sober bars, sober events within Pride communities, LGBTQ+ sports leagues, community organizations, volunteer opportunities. The social fabric of the community does not require substances to exist — but the sober version requires deliberate construction because it is less visible than the substance-organized version.
- The recovery community as a social ecosystem: many people in chemsex recovery find their most authentic community in other people who

> understand both the specific experience of chemsex and the specific experience of recovering from it. The shared knowledge — of what the drugs felt like, what they cost, what rebuilding looks like — creates a form of intimacy that neither the using community nor generic recovery spaces can replicate.

The Identity Question.

THE CENTURION — Who you are is not what you were doing.

Chemsex recovery often involves a specific identity crisis: "If I am not the person who goes to sessions, who am I sexually?" For people whose entire adult sexual development occurred within the chemsex context, sobriety does not restore a previous sexual identity—it requires building one.

La posizione del compendio: la guarigione non è una sottrazione dell'identità. L'identità sessuale, che si tratti di omosessualità, bisessualità, queer o qualsiasi altra cosa, non è l'uso di sostanze chimiche per il sesso. L'appartenenza alla comunità non sono le droghe. La creatività, la vitalità e la ricerca di intensità che caratterizzavano il cervello del guerriero che trovava attraente il sesso con sostanze chimiche: queste non sono le droghe. Sono caratteristiche della persona che esistevano prima delle droghe e che rimangono disponibili per essere organizzate attorno a qualcosa di diverso da una sessione.

La recuperación es la construcción de una identidad sexual y social que no requiere sustancias para acceder a ella. Esa construcción puede llevar años. No se trata de una recuperación de quién eres, sino del descubrimiento de quién eres sin el filtro.

Section 9 — Navigating the Recovery Kernel: Your Protocol Map.

Chemsex recovery is the most complex area covered in this guide. The individual substance sections provide detailed information about each drug. This section helps you navigate between them.

Fase.	Protocols	Primary focus.	Chemsex-specific notes: * Chemsex can increase your risk of HIV and other sexually transmissible infections (STIs). * It's important to use condoms and PrEP if you are engaging in chemsex. * If you are struggling with drug use, please seek help from a healthcare professional or support group. * Naloxone is a medication that can reverse an opioid overdose. It is important to have Naloxone on hand if you are using opioids. * COMT is an enzyme that breaks down dopamine in the brain. Some drugs used in chemsex can affect COMT activity. * DRD2 is a type of dopamine receptor in the brain. Some drugs used in chemsex can bind to DRD2 receptors. * MTHFR is a gene that plays a role in folate metabolism. Some people with certain MTHFR mutations may be more susceptible to the effects of some drugs. * If you are experiencing any adverse effects from drug use, please seek medical help immediately. Medical help is not failure. * For support and information, visit findahelpline.com.
Medical Emergency (Days 0–7)	GHB guide (Section 3); Medical provider;	GHB withdrawal management; HIV/STI testing; PEP if indicated; PrEP	The first 72 hours are determined by GHB withdrawal management. Everything else follows once the acute medical danger is managed.

	Sexual health clinic.	initiation.	HIV/STI assessment in the first week is non-optional.
Biological Foundation (Days 1–14)	Protocol 07, 09, 17, 18; Unified supplement stack (Section 4)	Three-track supplement stack; nutrition; hydration; sleep; magnesium - Day 1.	NAC and magnesium on Day 1 – addressing all three tracks simultaneously. Tyrosine begins Day 3–5. 5-HTP begins Day 1 (evening). The compound stack for all three tracks is established within the first two weeks.
Digital and Environmental Redesign (Days 1–30)	Protocol 05, Protocol 08	Delete apps; restructure your social networks; remove triggers; manage contacts related to chemsex.	The apps must be removed within the first 24 hours. Not eventually. The chemsex session architecture is primarily organised through digital platforms — environmental redesign must include the digital environment comprehensively. This is the hardest single behavioural change for many people in chemsex recovery.
Genomic Mapping (Weeks 1–4)	Section 15 (Compendium), Section 2 of this guide.	COMT, GABRA2, MTHFR, DRD2, SLC6A4, CYP2B6.	GABRA2 high-risk is the most important finding for medical team GHB management. COMT Val/Val informs the intensity architecture. MTHFR status confirms 5-MTHF as priority. SLC6A4 short/short identifies the serotonin-primary profile that needs the deepest mephedrone-track support.
Sexual Health and HIV Management (Ongoing)	Protocol 42 (HIV Prevention); Section 5 and 6 of this guide; Sexual health clinic.	PrEP eller ART-efterlevnad; testning för könssjukdomar var tredje månad; återuppbyggnad av sexuell nykterhet; "flatline"-navigering.	The sexual health program continues throughout the entire recovery period—not as a temporary measure, but as an ongoing practice. Quarterly STI testing, consistent use of PrEP or ART, and the gradual development of healthy sexual habits are lifelong practices, not just for early recovery.
Community Architecture (Weeks 2–12)	Protocol 04, Protocol 08, Protocol 16; CMA or equivalent.	Sober LGBTQ+ community; chemsex-informed support; therapeutic relationship.	The sense of community that chemsex offered needs to be replaced—not with a less desirable community or one based on abstinence, but with a sober version of belonging and connection. This is the most crucial medium-term project in chemsex recovery and the one that has the greatest impact on long-term success.
Sexual Identity Work	Protocol 20, 21, 35S series;	Costruzione dell'identità sessuale;	The specialist Protocol 35S series in Volume VII of the main Compendium provides the detailed

(Months 2–12)	LGBTQ+-affirming therapy.	elaborazione della vergogna; sviluppo di una sessualità sobria; la fase di stasi e la sua risoluzione.	framework for this work. An LGBTQ+-affirming therapist with chemsex experience is the most valuable clinical relationship in this phase.
Long Game (Months 6+)	Protocol 24, 25, C-28, C-31; Protocol 35S.d	The Warrior's intensity architecture; purpose; the full sober sexual and social self.	The person who has rebuilt their life after chemsex — with genuine community, sober sexual capacity, the intensity architecture their Warrior brain requires, HIV health managed, and the full complement of biological reconstruction — is categorically different from the person who arrived at this series' first page. The compendium was partly written for this person.

A Final Word.

THE CENTURION — The community, the connection, the intensity — these were real. The path to them does not require drugs.

La dedicación del compendio es para J.P., A.C., J.S., G.F., y C.O.: aquellos que se quedaron sin tiempo antes de que alguien les dijera que lo que los impulsaba a consumir era biología, no debilidad. En la recuperación de chemsex, esta dedicación tiene un significado especial: la epidemia que afectó a las comunidades LGBTQ+ en las décadas de 1980 y 1990 produjo un trauma generalizado que aún resuena. Las sustancias que se organizaron en torno a la sexualidad en esas comunidades no aparecieron en el vacío. Llegaron en un contexto de pérdida, vergüenza, estigma y la desinhibición radical que a veces produce el trauma.

The Recovery Kernel does not ask you to perform gratitude for your survival or to minimize what the drugs were providing. They were providing real things — community, connection, belonging, sexual freedom, intensity, the feeling of being fully alive and fully wanted in a world that had told your community it was diseased and disposable.

What the Recovery Kernel offers is the possibility that all of those real things are available without the substances. That belonging is available in a sober community. That connection is available in genuine intimacy. That intensity is available in the Warrior constitution's natural capacity for it. That sexual freedom is available — more completely, more safely, more sustainably — in a sober sexuality built on what you actually are rather than on what the drugs temporarily enabled.

The chemsex trinity was an architecture. A functional, intentionally designed pharmaceutical system for producing specific states. Recovery is the construction of a different architecture for producing those same states — through means that do not deplete the dopamine system, endanger the GABA system, or put the body at risk.

This document was created by an architect and is presented to you as a set of engineering specifications. You are responsible for constructing the building.

— — —

Crystal Meth Anonymous (CMA): crystalmeth.org | SAMHSA: 1-800-662-4357
Never Use Alone: 1-800-484-3731 | RAINN: 1-800-656-4673 | LGBTQ+ Crisis: The Trevor Project: 1-866-488-7386

Crisis: call or text 988 | Emergency: 911 | SAMHSA: 1-800-662-4357

Refer to the Recovery Kernel Complete Centurion Compendium for all referenced protocols.

⚠ **HARM REDUCTION RESOURCE — NOT MEDICAL ADVICE**

How to Recover from Chemsex Using the Recovery Kernel | Substance-Specific Navigation Series